

CHARLOTTE-MECKLENBURG POLICE DEPARTMENT*Explorer Medical Release Form***Date(mm/dd/yyyy)****Post:**

I/We, the undersigned, parent(s)/guardian(s) of _____, know of no health or fitness restriction(s) that preclude(s) his/her participation in the Explorer Ride-Along Program for Explorer Post 237/247, sponsored by the Charlotte-Mecklenburg Police Department.

In the event of serious illness or injury to _____ while involved in this activity, I/we consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/paramedic and/or the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services. It is understood that, in the event of serious illness or injury, reasonable efforts to reach me/us will be attempted.

This _____ Day of _____ 20__

Parent(s)/Guardian(s) Name:**Parent(s)/Guardian(s) Signature:****Emergency Contact Numbers:****Home Phone #:****Work #:****Cell/Pager#:****Post Advisor's Approval:****Date:****Expiration Date:**

Mar/2005